



**YOUTH SERVICES**  
**Critical Incident Stress Management Completion Form**

To: Deputy Secretary\_\_\_\_\_

From: CISM Coordinator\_\_\_\_\_

Date and Description of Incident prompting CISM practice:

Type of CISM Technique Utilized\_\_\_\_\_

Date Utilized\_\_\_\_\_

Description of the Events:

Comments on the Effectiveness of the Technique:

Follow Up Needs and How They Will be Met: